

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46555
STATE FILE NUMBER

Registration District No. 3/17 Primary Registration District No. 541 Registrar's No. 3051

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton 5			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 4723		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. L. Co. Hosp.			Length of stay in 1b D.O. A.	d. STREET ADDRESS (If outside, give location) 18 E. Glenwood Ln.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CLINTON				First NORTON		Last DAY	
4. DATE OF DEATH Dec. 2, 1957		Month Dec.		Day 2		Year 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 14, 1903	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 54		IF UNDER 24 HRS. Days 54		IF UNDER 24 HRS. Hours 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman				10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft		11. BIRTHPLACE (City and state or country) Hiawatha, Kans.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Louis A. Day			
14. MOTHER'S MAIDEN NAME Beryle Norton				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			
16. SOCIAL SECURITY NO. 511-05-6285				17. INFORMANT Address Kirkwood Mo. Elizabeth L Day 18E Glenwood Ln.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unknown natural causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7954							INTERVAL BETWEEN ONSET AND DEATH 1 hr
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Herbert R. Domke				22b. ADDRESS 651 S. Brentwood, Clayton, Mo.		22c. DATE SIGNED 12/10/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-4-1957		23c. NAME OF CEMETERY OR CREMATORY Hiawatha Cem.		23d. LOCATION (City, town, or county) (State) Hiawatha Kans.	
24. FUNERAL DIRECTOR ADDRESS Pfizinger Mort. Kirkwood, Mo.				25. DATE RECD. BY LOCAL REG. 12-3-57		26. REGISTRAR'S SIGNATURE Herbert R Domke	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Ben E. Hoffman*

Licensed Embalmer No. *436*

P. O. Address *Henn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.